

Women Vote!

1120 Connecticut Ave NW

Ste 1100

Washington

DC

20036

FEC ID No. C00473918

☒ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE OF 1 / 3
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Vote!		FEC IDENTIFICATION NUMBER C C00473918	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus		Date M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	
Mailing Address 1831 Chestnut Street Sixth Floor		Amount 830000.00	
City Philadelphia	State PA	Zip Code 19103	
Purpose of Expenditure Media Buy	Category/ Type	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) : _____	
879769.08		Transaction ID: SE-6189 Estimate	

Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus		Date M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	
Mailing Address 1831 Chestnut Street Sixth Floor		Amount 48000.00	
City Philadelphia	State PA	Zip Code 19103	
Purpose of Expenditure Media Production	Category/ Type	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) : _____	
879769.08		Transaction ID: SE-6190 Estimate	

(a) SUBTOTAL of Itemized Independent Expenditures	878000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Caroline Fines Signature	M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0